



CONCIERGE PHYSICAL THERAPISTS

Credit Card Payment Authorization Form

Sign and complete this form to authorize CPT at Home LLC (Concierge Physical Therapists) to make a recurring debit to your credit card listed below.

By signing this form you give us permission to debit your account for ongoing physical therapy services. This does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I authorize CPT at Home LLC (Concierge Physical Therapists) to charge my credit card account indicated below. This payment is for ongoing physical therapy services.

Billing Address 1030 15th St NW B1 suite 246

Phone# 703-302-0951

City, State, Zip Washington DC 20005

Email info@conciergephysicaltherapists.com

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

ZIP CODE _____

CCV # _____ email address: _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.